

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
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TOTAL IND.

 

TOTAL
DEP.

 

TOTAL

 

CLAIMS

TOTAL IND.

 

TOTAL
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TOTAL

 

CLAIMS